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NOTES ON THE TREATMENT OF DYSPEPSIA.—NO. I.

By Robert Dick, M.D.

THE object of the few following papers is to give an extremely concise and practical account of the most recent and approved modes of treatment of the principal diseases of the digestive organs, and also of some other diseases, in the management of which, special attention to the digestive organs is necessary, and forms an important part in the treatment. I shall invariably be as concise as possible in matters pathological, nosological, &c., which are at all merely conjectural and theoretical, and, confining myself chiefly to the therapeutical department, I shall endeavor to point out whatever is most practical and satisfactory.

Without adding a word by way of preface or explanation, I shall proceed at once to my task, merely remarking, that as the most simple order, and the one least likely to lead to speculative discussion, I shall take up my subjects in alphabetical sequence.

Acne.—The simpler forms of this disease require merely emollient lotions, cataplasms, and light purgatives. Evident advantage is sometimes derived from a cucumber poultice, though there is inconvenience in keeping it applied. The best purgative, in ordinary cases, not requiring alterative laxatives, will be found to be the compound infusion of senna, sulphate of potass, with syrup of buckthorn added. Baths medicated, or merely tepid water baths, are also useful.

Pustulous acne requires more energetic treatment, and of very various character. Purgatives, diaphoretics, and alteratives external and internal. As regards purgatives, they may either be given alone or combined with diaphoretics. If alterative purgatives are not indicated, and only a mild stimulation required, then pills of myrrh, aloes, and ipecacuanha, will be found useful.

In plethoric subjects, saline purgatives and diaphoretics will do better; and a form of this kind, prescribed by Corvisart to Napoleon, will be found, slightly modified, as good, perhaps, as any: it is as follows—Bitartrate of potass, one ounce; potassio-tartrate of antimony, half a grain; white sugar, two ounces; water, thirty ounces. Mix, and strain. A wine or ale glassful of this may be taken morning, noon, and evening, or more or less frequently, as may be found necessary to keep the bowels in a gently open state.

Alteratives may be used externally and internally. Among the former

the unguentum hydrargyri ammonio-chloridi of the London, and the unguentum hydrargyri præcipitati albi of the Dublin Dispensatory, will be found suitable. Ointments also of the iodides of sulphur or mercury, in the proportion of a scruple or drachm of these to six ounces of lard, are often of service. Internally, advantage will be derived from the following mixture:—Biniodide of mercury, iodide of potass, of each five grains; distilled water, eight ounces: mix. A teaspoonful to be taken three or four times a-day for two or three weeks.

Sometimes benefit follows the use, as a lotion, of the solution of diacetate of lead. In all cases of acne, mild or severe, the diet, unless there be actual debility and anæmia, ought to be, to a considerable extent, vegetable and farinaceous. Salads may be used with some freedom; ripe fruit is indicated, if the season suit; wines, spirits, and malt liquor, cheese, pastry, &c., ought to be abstained from.

The inveterate and chronic forms of acne may, in some cases, require a long medicinal and dietetic treatment for their removal; but such treatment, judiciously and perseveringly carried out, will almost invariably triumph.

Acidity.—There is a difference between acidity which is merely in the stomach, and acidity which is *from* the stomach, and the treatment of these is also different. Acidity of the former sort arises usually from natural changes in the food, or from improper articles of diet. If from the former of these, we may infer that there is functional debility of stomach, probably associated with, or dependent on, anæmia of the mucous coat, and a consequent deficiency in the secretion of the gastric juice, bile, pancreatic fluid, and the mucus; that hence digestion is feeble and tardy, so much so as that the ordinary chemical, non-vital changes in the food, which the mere heat and moisture of the stomach are apt to favor, take place. The cure of this kind, and from the causes just named, is obviously dependent on tonics, with food stimulant in itself, or rendered so by condiments.

Acidity *from* the stomach—that is, consisting of morbid matters actually secreted by the organ itself, requires other measures. And here it may be observed, that sometimes the feeling of acidity, or, to use the familiar word, heartburn, is caused by secretions extremely slightly acid, sometimes not appreciably so. Acid, however, they must be. In other cases, the feeling of acidity does not seem to depend either on acidity or acridity of the stomachic contents or secretions, but either on a peculiar state of the gastric nerves, or on morbid sensibility, with or without hyperæmia, of the gastric mucous membrane. These several kinds of heartburn require separate and different treatment.

1. Acidity caused by morbid secretions. These morbid secretions are, in fact, one or more of the following acids—the hydrochloric, lactic, oxalic, butyric, acetic, carbonic. The last is, perhaps, seldom the cause of heartburn.

In most cases, heartburn of this nature requires alteratives. This is more especially the case if the acidity be owing to excess of the hydrochloric or lactic acids, or to the presence of the butyric. The alteratives

from which we may principally select, are, mercury, iodine, potassio-tartrate of antimony, nitrate of silver, bismuth, ipecacuanha, &c.; several of these may be combined with advantage. Thus the iodide of mercury may be chosen; and ipecacuanha may be usefully allied to mercury, iodine, or nitrate of silver, severally; all of them may also be united, if necessary, with purgatives, such as the extracts of rhubarb, aloes, or colocynth, with scammony, &c., and sometimes, most beneficially, with the extract of colchicum.

Meanwhile much attention must be given to the state of the urine, and the action of the skin. The condition of the urine is a matter of much importance. It must be our care to detect and re-adjust any departure from the normal equilibrium of that important excretion, any excess or deficiency of its constituents. In general, it may be remarked that morbid stomachic secretions are more often associated with and dependent on a deficiency of some of the constituents of the urine, than with excess of these.

2. When heartburn is attended with a red tongue, thirst, pain at the epigastrium, and a distinct sensation of coolness in the stomach, on cold fluids being swallowed—circumstances indicating hyperæmia and erythema of the mucous membrane—solutions of the acetate of ammonia, nitrate of potass, borax, and even dilutions of the acetic, tartaric, and sulphuric acids, are to be employed. Seltzer water, iced drinks, lemonade, grapes, ripe apples and pears, &c., may also be used as ordinary drink and food.

3. That species of heartburn which is a mere variety of gastrodynia, and is accompanied with no derangement of secretion, no hyperæmia or tumidity of the mucous membrane, is best treated with pills of the iris-nitrate of bismuth and hyoscyamus, nitrate of silver and conium, oxide of zinc and extract of chamomile. To these may be conjoined draughts of the infusions of orange peel, of taraxacum, and of gentian.—*London Lancet*.

TREATMENT OF PLEURISY.

From Dr. J. A. Swett's Lectures on Diseases of the Chest.

SIMPLE cases of acute pleurisy, if the attack be mild, yield readily to a mild antiphlogistic treatment, viz., one or two venesections, followed by cupping or bleeding, purgatives and low diet, with rest. Under this treatment the constitutional fever is subdued, the pain relieved, and gradually the effusion is absorbed. Many judicious practitioners are in the habit of attempting to aid the absorption of the effusion by blisters and diuretics. I am disposed to think these remedies sometimes useful, but that in general they are of a very secondary importance. If pain continues to exist longer than usual—if the effusion is slow in disappearing, I should be disposed to blister the side and try and hasten the removal of the effusion by diuretics. The nitrate of potass, the hydriodate of potass, the diuretic decoctions, digitalis; any, indeed, of the well-known diuretics,

may be used, and during their use I have sometimes seen the urine increased, and the absorption of the urine apparently hastened.

In severe cases we should resort to a still more active treatment, and as soon as the constitutional symptoms are somewhat abated by venesection and other means, we should resort to mercurials, and continue them more or less freely, according to the urgency of the case, and other circumstances, until the gums are touched. The influence of mercury in controlling serous inflammation, as well as the marvellous rapidity with which it promotes the absorption of coagulable lymph, when recent, appears to me one of the best established facts in therapeutics. Hence its value in a severe case of pleurisy, where we have not only to fear immediate danger from the violence of the disease, and the prospect of purulent formation, but the remote evil of a lung bound down and buried in lymph, the cause of extensive adhesions. I have observed, in cases where it is easy to watch the daily progress of the case, that no impression seemed to be produced upon the disease, until the gums became affected, and that the absorption seemed to accompany at once the decline of inflammatory action. I do not know that there is any particular choice in the form of the mercurial preparation, but calomel gr. i. with opium gr. $\frac{1}{4}$, or with Dover's powder grs. vi. given from twice to four times in the 24 hours, according to the urgency of the case, will be found as useful as any form.

When a case of pleurisy has gone on to suppuration, it is indicated by a continuance of the local symptoms and the supervention of hectic. When this change occurs, a corresponding change in the treatment becomes proper. The patient's strength should now be supported by nutritious diet, even quinine and wine may be necessary, and the greatest attention paid to the digestive organs, particularly to keep the appetite good, and guard against the occurrence of diarrhoea. If the patient has not been already mercurialized, and is strong enough to bear it, I should, in accordance with Dr. Hope's plan, which he found so successful, put the patient upon a mercurial course, at the same time carefully supporting the vital powers. Dr. Hope by this treatment cured thirty-five cases in succession. Some have been successful with the preparation of iodine. Dr. Stokes cured twenty cases of empyema by Lugol's Solution of Iodine, with the iodine ointment rubbed in externally. Both he and Hope used blisters also. Dr. Schonlein, of Berlin, is in the habit of trusting mainly to diuretics, especially to digitalis and nitre, and thinks he has seen the pus even carried off directly by the kidneys. The treatment I am in the habit of using in these cases is a combination of three different plans—I would give the proto-iodide of mercury with opium, and in conjunction with it the hydriodate of potass; at the same time using blisters dressed with the hydriodate ointment, or rubbed into the side. If the case was obstinate, and no diuretic effect was produced by the potass, I would resort to diuretics—at the same time supporting the strength by such diet and other means as the case might require.

Under any plan of treatment, however, I fear we shall frequently be foiled. The great thing is to prevent the formation of pus by appropri-

ate treatment, early in the disease—but if pus has once formed, it is not, I think, very readily removed by treatment. The question then arises, shall we resort to an operation and evacuate the pus—and if so, under what circumstances shall we resort to it?

Most authors on the subject are of opinion that the operation, like that for croup, should only be resorted to at the last extremity. I am disposed to doubt this position, both pathologically and practically. I have seen nine cases within the last few years where the pus was discharged externally; in six by an operation, in three spontaneously. In only one of these cases did death ensue, and this patient I think might have recovered had his circumstances afforded him a better chance. In another case, I fear death will eventually ensue, because I think the lung itself is seriously diseased. I find I am supported in this statement by that of Heyfelder of Germany, who operated on six patients with complete success. I also agree entirely with this writer, that when the treatment employed has made us doubt whether the fluid will be absorbed, the operation is justifiable, and that then the sooner it is performed the better.

One of the principal reasons given for putting off the operation to a later period, is this—that until fluctuation and pointing occur, you cannot be sure that pus is in the chest—you cannot be sure even then. I have felt and seen both, without a particle of fluid in the chest, in a case of cancerous tumor, initiating in other respects, almost exactly, a purulent effusion. Again, as Laennec has perfectly shown, you may have a considerable collection of pus in the pleura, and the affected side, so far from presenting signs of fluctuation, is not even dilated—but on the contrary contracted. So that in many cases, if you wait for fluctuation, your patient may die first from exhaustion. The truth is, that with a fair history of the case before us, and with the aid of the usual physical signs of pleuritic effusion, we can usually say whether fluid exists in the chest without fluctuation—although if this is present, so much the better.

Again, some would discourage the operation, for the reason that we cannot always feel certain that the effused fluid is pus. If it should so happen, it is said, that the effusion should be serous with coagulable lymph, a secondary inflammation would be excited, which would terminate fatally. Of the truth of this statement I can say nothing—I have never yet seen anything but pus evacuated, and, as I have stated already, most of those cases recovered.

Now suppose the operation is decided, how shall we perform it? The usual place of opening the chest is laterally between the 5th and 6th ribs, but it may be made with advantage as low down as fluctuation can be felt. I have known it done even between the 10th and 11th ribs. The skin should be pushed up forcibly with the thumb of the left hand, so as to make the opening valvular, and an incision an inch or more in length carried through the skin along the upper edge of the 6th rib. I would then recommend that an exploring needle should be passed into the chest in *all cases*. In the first place, I can

conceive no possible case where it would do harm, and it is attended with very little pain. If it discovers pus, then we can have no doubt as to the propriety of continuing the operation—if it gives indications of serum only, or if a solid tumor, then we can pause. In opening the pleural sac I think a double-edged scalpel, or an abscess lancet, better than a trochar, especially if it be a flat one. Great care should be taken that the edge, and especially the point of the instrument, be very sharp. I think I have known one, if not two cases, where the instrument, *from being dull, did not enter the cavity of the pleura at all.* The truth is, the pleural sac is usually lined by a thick and elastic false membrane, which can be separated from it easily, without force. Now a dull instrument, especially a pushing one like a trochar, may pass through the pleura and push this loosely attached membrane before it without even penetrating it, and of course without entering the cavity containing the pus. A very sharp instrument, giving it a cutting movement, might thus spare us the mortification of a case of dry tapping.

A question here arises, how much of the pus should be drawn off? I would let it run so long as no air entered the chest. But even if air gets admission, it does no harm, except in preventing the expansion of the lung—it does not excite inflammation, and is soon absorbed. A small tent of lint had better be introduced into the wound—for I have seen one case where the operation was remarkably successful in its first results, all the fluid having been at once removed, the opening being very low between the 10th and 11th ribs, and no air entering, so that the respiration could be soon heard all over the side. The opening however closed at once, and a new one was required higher up in the course of a week. Generally, however, where all the pus is not evacuated, I do not think the opening would close even without a tent. Simple loose dressings to receive the matter that may flow from the wound, a nutritious diet with tonics, and fresh air to support the strength, opiates to relieve irritation and procure sleep, are the indications of the after treatment.—*New York Medical and Surgical Reporter.*

"JARVIS'S LECTURES ON FRACTURES AND DISLOCATIONS."

[Communicated for the Boston Medical and Surgical Journal.]

THE visit of Dr. George O. Jarvis to the old world, and the success of the enterprise which carried him thither, are worthy the attention, not only of surgeons, but of every son of America. The fame of the new world has been upheld by her statesmen, lawyers, philosophers, clergy, and her mechanics; but in the branch of medicine, the names of Rush, Dewees, Physick, Mott, and a few others, alone sustain her feeble reputation. There are here, as abroad, gentlemen who have performed astounding operations, so formidable and so fatal, that one is tempted to exclaim, with the frightened sheep in the fable—

What! leap into the pit our life to save?
Leap into the pit, we leap into the grave!

In this utilitarian day, we are more fond of ends than means, of good effects than of showy and brilliant operations; or, to repeat the idea—the great surgeon of the present day is not he who does the most operations, but he who dispenses with the most—who saves pain, who produces a desired effect most easily. The invention of Dr. J.'s "adjuster" accomplishing this end, has opened the eyes of Europeans to the growing excellence of our surgeons. I had the pleasure of seeing this instrument first in London, shortly after it had been exhibited to the most distinguished surgeons of that metropolis. I had heard it highly spoken of by Mr. Lawrence, and I hastened to see a countryman, with his instrument, who was reflecting so much credit upon my native land. The flattering approvals given to it by Brodie, S. Cooper, B. Cooper, Stanley, Ferguson, Quain, Guthrie, Hodgkin, and others, induced instrument makers to offer proposals for "rights" to make and vend the instrument, on very advantageous terms for the inventor, merely for the reputation that would thence accrue to their manufactories.

The large gold medal of the Adelphi, so rarely given, was bestowed upon the inventor by the hand of Prince Albert, accompanied by remarks grateful to Dr. J. and his country. At the dinner of several county medical societies, Dr. Jarvis was called upon to reply to various toasts complimentary to American surgeons, which were afterwards reported in the papers of the day.

The patent taken out and arrangements made for the subsequent manufacture of the instruments, Dr. J. proceeded to Paris, where with the assistance of some American students there resident, it was laid before the chief men, and several opportunities for testing its qualifications, convinced them of its excellence, and drew forth the warmest expressions in testimony of its worth. Long descriptions were published, October 2, 1845, in the *Gazette des Hopitaux*, edited by Fabre, and some short remarks concerning it, with two cases in which it was tested at one of their hospitals. These are to be found in the work which forms the topic of this communication. It is not my intention to enter into any consideration of the theory upon which these lectures are based, for the reader will find all these points clearly elucidated. This instrument will stand from its effects; and all theory which contradicts experience, every tyro knows, is false. Look then to its effects. This work, which is intended to accompany the instrument, contains the five lectures as published in the *London Lancet*, with one or two more explanatory wood cuts, several cases in which the "adjuster" was successfully used in the Paris hospitals and elsewhere, concise instructions for its application, &c.; and, finally, numerous testimonials from some of the most distinguished surgeons in the world. In the preceding address the principles which governed its construction are thus concisely enumerated:

"First. Always to admit of the same free motion of the limb during the application of force, which that limb possessed independently of the use of this instrument.

"*Second.* To allow the surgeon to apply any amount of force in the exact line of the shaft of the bone, on which he is to operate.

"*Third.* To have that force both gentle and steady, capable of being applied either rapidly or slowly, and retained permanently on the limb, or relaxed instantly, as the surgeon shall choose, while it is, also, at all times, under his control.

"*Fourth.* To enable the surgeon to confine the points of extension and counter-extension within the limits of any given round bone.

"*Fifth.* To enable the surgeon to apply extension and counter-extension in any position of the limb."

"It may not perhaps be out of place also to state, briefly, some further advantages which this apparatus possesses over every other means.

"*First.* Its whole force being entirely subject to the command of the surgeon, and applied by his own hand; he is thus enabled to regulate that power at will, inasmuch as he is capable of feeling the amount of power which he uses; he is also enabled to dispense with the services of assistants, he never requiring the aid of more than one, and generally not even that.

"*Second.* In its being more readily applied than the pulleys, especially, and in places, moreover, where to apply these, it would be extremely difficult, it being just as conveniently used in the bed-chamber, or in the field, or in a ship, or, indeed, in any other place where the person injured can be approached, as in the best regulated hospital. It is also compact and portable, and made of materials so strong and durable, that it is not liable to get out of order.

"*Third.* In fractures at the neck of the thigh bone it allows the patient to lie on the side opposite the one injured: an advantage which, at first sight, may not appear to many, but nevertheless it is one, which, on reflection, will in some cases, I trust, appear so obvious, that will be accounted matter of no small consideration in the treatment of those injuries."

The utility of this instrument, not only in dislocations, but in fractures so common at sea, and so difficult to unite without great shortening, and the simplicity of its construction and application, render it desirable on board every ship, and not only in those to which medical men are attached, but where only an ingenious Yankee captain is present to apply it.

New York, Sept. 2, 1846.

A. K. G.

DR. INGALLS'S REPLY TO DR. WOODRUFF.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent, J. W., it seems from the Journal of the 26th of August, has emerged from his concealment, and made his appearance in propria persona, by the name of "J. Woodruff, New Britain, Conn." I must confess, Mr. Editor, he has not improved much by taking off his mask; his physiognomy is not remarkably prepossessing nor very amiable;

it has the same crabbed and sour aspect, set off with a deep tint of malice.

Dr. Woodruff does not appear to possess a well-balanced mind. Instead of coming directly to the subject in question, he flutters about from object to object, undoubtedly to divert the attention from the alleged charge brought against him of quoting me unfairly; and to conceal the disingenuous denial "of any misstatement in his former communication." He takes great merit to himself in promulgating a truism, that "the praise of the cure be awarded to the agent that deserves it"; he discovers consummate vanity in assuming the prerogative of constituting himself sole umpire in deciding who are the friends of medical science; he calls to his aid Dr. Johnson to support him in his "impudence and absurdity"; and, finally, with strong symptoms of despair, he invokes the assistance of Dr. Leonard, a correspondent of yours, to sustain him in his cause, betraying a malignity unparalleled by calling on a person by name to become an accomplice in the attack which he has made on me, without the slightest provocation.

That Dr. Woodruff has wilfully perverted the statement of the case reported by me in the Journal of May 27th, will appear from the ensuing quotation. Dr. W. states, "he," meaning the undersigned, "more than intimates that a most 'intractable' case of 'osteocelo' was cured by two globules of plumbum." No such thing. There was no such intimation in the case reported. The undersigned stated, in the most explicit language, that "the tumor bore a *strong resemblance* to an osteocelo of a most intractable character." A person, that would make the resemblance of a thing and the thing itself identical, must be laboring under an "intractable" strabismus.

Again, Dr. Woodruff states, "it is an undoubted 'fact' that a 'tumor' existed [an astonishing admission], but that it was an osteocelo I seriously doubt." Here he perpetrates another truism, for so far was the undersigned from stating, that the tumor *was* an osteocelo, his words were that the "tumor *bore* a strong resemblance to an osteocelo."

The discrepancy in the statement of Dr. Woodruff and the report of the undersigned is most palpable, and his want of candor in refusing to acknowledge his perversion of the following sentence, "the tumor bore a *strong resemblance* to an osteocelo of an intractable character," must be attributed to mental perversity, or moral obliquity, or a dogged persistence in a misrepresentation, which no honorable man would have hazarded. *ὁ ὑπόδικος τὴν φάσιν μεταστρέφει.*

To the reflecting and unbiassed mind, it is evident, from the whole tenor of the case, the object is to caution the surgeon not to proceed too hastily to the performance of an operation of extreme severity.

But, Sir, the subject is too momentous to be lost sight of by a clumsy attempt at wit, satire and ridicule. The practitioner, who possesses all the requisite qualifications for performing the higher operations with adroitness and accuracy, cannot be too highly prized. Notwithstanding we have such in our midst, it is none the less necessary that operations should be avoided when practicable. It is only in the last resort, the manual aid of the surgeon is to be resorted to.

The excision of a portion of the body of the inferior maxillary bone, is one of the most terrible operations in surgery. Performed with the utmost skill and address, the several steps must be attended with excruciating pain, the suffering and tediousness of a necessarily protracted cure, and the deformity resulting from the operation. It is possible, a tumor, *bearing a strong resemblance to an osteocele*, might lead the *most distinguished surgeon* to make a false diagnosis, and without incurring the censure of temerity, proceed to its removal. On the supposition, such an instance might occur, the knowledge of every means that has had the effect of preventing the necessity of having recourse to the dernier resort, must be very acceptable to the humane; and should be made public without being deterred by the fear of receiving the reproach of those who are incapable of appreciating its value, or of the prejudiced, and to be pitied, individual, who is in the habit of viewing everything through the medium of a distempered imagination.

WILLIAM INGALLS, M.D.

Sept. 14th, 1846.

[We think there is room for doubt in regard to the expediency of publishing papers like the following. Their injurious effects on the community, in needlessly impairing confidence in the profession, would seem to be apparent. It is possible, however, that this evil may be more than counterbalanced by an indirect benefit—as a more thorough preparation and greater care may be expected in those just entering the profession, when they are made fully to understand that the results of ignorance or carelessness in the practice of medicine cannot be concealed from the public. We have no doubt Dr. Moore had this or some other good object in view in preparing the article, and we therefore give it an insertion.]

NEW OBSTETRICAL INSTRUMENT AND OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

The following account of an operation, or rather piece of butchery, which occurred not a hundred miles from Derry, N. H., is respectfully submitted to the editor of the Medical Journal for insertion, and the merits of the instrument are left to the judgment of the profession, as being rather unique.

Mrs. C., aged 35, slight form and delicate constitution, was taken in labor with her second child, on the morning of the 10th of March, 1845. Nothing occurred up to the thirtieth hour to mar the anticipations of the expectant husband, or interfere with the delectable anxiety of the old ladies to behold the arrival of the young stocking mender—(the child proved to be a female). The mouth of the uterus had been tardy in dilating, and at this period its efforts began to flag. Forty hours had now elapsed, with but little progression of the head. Ladies will talk in a lying-in chamber, and with very little provocation lash themselves into a high state of excitement. It was soon whispered that something must be wrong; side winds were thrown out at the doctor, till the patient became

alarmed and the doctor nervous. All action of the uterus had now ceased. The Dr. being asked "what was the matter," replied that the head was too large, that something must be done, the woman being feeble and not likely to stand it long. A consultation was proposed and agreed to. Will you, Sir, credit the result of that consultation? It was deliberately and coolly proposed, as the only means of saving the mother, that the child should be destroyed, and delivery accomplished by removing the child piecemeal. The question next arose, how should they accomplish this, for instruments neither possessed, and to send for another counsel would be loss of time and repugnant to their judgment. And now, Mr. Editor, what do you think these men of science agreed upon as the best weapon wherewith to destroy the child? "Arcades ambo"—"tell it not in Gath, whisper it not in the streets of Askelon." A "jack-knife" was the tool selected! Yes, and they resorted to the barn and sharpened it on a grindstone, and then proceeded to insert the blade into the cranium of the child. After a few ineffectual efforts, the operator made a sudden plunge, and believing he had penetrated the skull, gave the knife a rotary movement, and withdrew it to think what was next best. While pausing to concentrate their murderous efforts, unexpectedly the uterus contracted steadily and forcibly, and the head of the child came into the world, followed in quick succession by the shoulders and body, to the utter discomfiture of the doctors. But the worst feature of this tragedy was not yet over. In their confusion, to hide their disgrace, they left the child to its fate, who soon eked out its brief existence, from a wound in the right temporal region, the "jack-knife" having glided off the skull without penetrating, and divided a branch of the temporal.

The prominent features of this case are strictly true, and it is left to the Editor to make his own comments.

Derry, N. H., Sept. 16, 1846.

Very respectfully,

N. MOORE.

CURATIVE POWERS OF NATURE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—From an accidental oversight I did not observe, until recently, a communication in the No. of your Journal for the 15th of July, entitled, "Alleged Homœopathic Cures." But from the peculiar drift of the writer's "mature thoughts," I became interested, and was naturally led to inquire, after reading attentively "his views," what his ideas of disease, and of its management, were? Also for the cause that induced him to relinquish practice. Relative to the first, his readers were left in the dark; of the second, he gave a fair but unintentional exposition—as he states in the first place "that he has nearly ceased to practise, only prescribing for *particular friends and acquaintances*, from the fact that he has so little confidence in medicine as a curative agent, as to be disqualified by that, if by nothing else, to practise the healing art with success, according to the present notions of the people." Still he feels himself warranted to administer medicine to his par-

ticular friends, notwithstanding his doubts of its curative powers, and the doubts which he entertains of those qualifications that should enable him to practise with success. Now we should deem friendly offices under the above form as extremely equivocal, and should decline receiving them from the hands of any person, although they were bestowed under the head of friendship, and bound in sheep cured at the most reputable colleges in the land. And the probability is, that the notions of the people "were of the same sort." And in expressing his sympathetic views of Dr. Holt's homœopathic cures, he affords him less than infinitesimal doses of consolation, as he verily believes that nature was the curative agent, and in accordance makes what he conceives to be valuable deductions, i. e. "that they show the profession how little reliance there should be placed on medicinal agents, and how much upon the natural powers of the system." It is usually understood to be the office of the physician, while attending upon a case of disease, to watch the efforts of nature during the various phases of its progress, and from a knowledge of pathological symptoms, and the effect of remedies in palliating or counteracting those of an unfavorable character, simply to make use of medicinal agents to aid those faltering indications and restore its ascendancy, and not to make an indiscriminate use of drugs without reference to their adaptation to the peculiarities of the disease prescribed for, save by the resemblance of symptoms to those described by authors. Every system has its peculiarities when diseased, which are beyond the reach of description or exact parallels, and the practitioner can only be guided by those features in common with recorded cases; and his treatment must be varied according to existing circumstances, establishing for its foundation the successful experience of our legitimate professional predecessors, deviating according to the promptings of judgment, led by the indications presented. Productions exhibiting the ultra paradoxical points of the one under consideration, can be of but little use in aiding the advance of science and art, or of the logical reputation of the author. Little reliance can be placed upon the experience or opinion of a person who makes the avowal, "that he has so little confidence in the curative powers of medicine as to be disqualified to practise it with success," and hints, to adopt his peculiar mode of expression, that he is the possessor of other deficiencies, which would tend in a greater degree to diminish his success as a medical practitioner, "according to the present notions of the people," which, according to my impressions, usually harmonize with the desire to live to the utmost extent of their natural lease; and in conclusion gives an honest demonstration of his logical powers of deduction and construction, by saying, "I hope you will not understand me as being opposed to the use of medicine entirely, for this is not the case; I have, on the other hand, great confidence in its remedial powers when properly prescribed by judicious and skilful allopathic physicians." Then immediately in contrast he offers the following, which evidently refers to the homœopathic code from its connection, as he concludes by a quotation in which he makes faith the agent to effect the cure. "I must say, however, notwithstanding the small quantities [of medicine] *now* used, there yet needs to be great

improvement in this respect." When opinions like those referred to, are received by the profession as current coin, can they be surprised that the people recognize so little difference between them and professed quacks?

Yours respectfully, L. E.

ANATOMICAL EXPRESSION IN PAINTING.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Hitherto, modern artists have paid but little attention to the anatomical points of delineation called forth by the varied mental emotions, excited by a participation of persons in scenes portrayed by the pencil, confining themselves solely to that form of expression exhibited by lines of physical prominence and depression, giving strength by light and shade according with the position and attitude of the figures in contrast. But in order that a correct perception may be obtained by the conceiver of scenes, he must be accurately versed, with the surgeon, in the position and relations of the external muscular developments of the human system, and their ratio of expression as exhibited by different temperaments, when called into action by the nervous excitement of conflicting emotions, during the changes of scene within the bounds of description, else his view of the actors as engaged will be devoid of the interest which should inspire the beholder's imagination to separate them from the canvass, and recognize the scene as in progress. This knowledge was possessed in an eminent degree by Raphael, Michael Angelo, and others of the old artists, and has obtained for them a celebrity which will be transmitted long after their works have passed away. The works of our own artists have frequently displayed talent of a superior order in many of the requisites of correct delineation, but have usually failed in giving character to the muscular developments called into action by the nervous excitement peculiar to the leading events of the scene.

An exception to the above will be traced in the figures of the paintings now on exhibition in Harding's Gallery. In the picture of Adam and Eve expelled from the garden, we were agreeably surprised with their relative proportions, the peculiar appropriateness of their attitudes, and the contrast indicated by the strength of the angular muscular developments of Adam, under those emotions which made him assume the character of protector, when he first felt the influence of divine displeasure, and the curved outline of muscles in action from the strongest emotions, clothed in all the beauty and native softness of reality. With the figures in contrast, we were with Hogarth constrained to believe the rounded curve the line of beauty. The artist in his "Capture of Christ," and "Murder of the Innocents by order of Herod," has afforded a field for the study of facial muscular excitement under the action of anger, fear, benevolence and kindred emotions, worthy the notice of the profession, aside from their historical features of interest. Yours, &c. R. E. S.

Boston, September 23, 1846.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, SEPTEMBER 30, 1846.

Writings of Hippocrates and Galen.—Notwithstanding the frequent references to these ancient authorities, a small number, only, in the million, it is presumed, know much of their writings. Dr. John Redman Coxe, a veteran in the ranks of science, whose claims to distinction no one in his senses would think of questioning, has rendered an acceptable service to the literature of the profession, by presenting an epitome of the works of these remote fathers, translated into the English language. This is the first attempt to turn the spirit of the whole original into our vernacular. The address to the reader, an explanation of the process of obtaining an authentic text—together with the introduction, occupying twenty-three pages, that unfortunate part of a book which no one thinks worth noticing, ordinarily—are essential to a good understanding of what follows: both, therefore, should be read.

After reading the opinions, precepts and recorded observations of these far-seeing, discreet practitioners—the oldest of whom, Hippocrates, was born 2302 years since, and Galen 1700 years—the conclusion is, that we have made but very little advancement in the knowledge of diseases or their appropriate remedies, since they left the stage. Like the strata of the earth, which have been rolled over and over, till the bottom of primitive seas has become the peaks of mountains; and the monuments of nature's mighty achievements, the mis-called everlasting hills, have sunk into fathomless abysses, so have been the revolutions of human thought and the grandest displays of man's wisdom. With all our boasted progress, there is but little in medicine that is new; the same ideas and suggestions that occupied the vigorous mind of Hippocrates twenty-three centuries ago, are in our time raised from the buried wrecks of the past, and palmed off for original specimens. The historian who honestly unrolls the chart on which are truly represented all the links in the chain of knowledge from the first period of authentic record down to his own time, shows that though we often imagine ourselves advancing through untrodden fields, these same fields yielded rich harvests into the garner of our predecessors, whose names and prowess are as obscure in the mist of tradition as the architects of the western tumuli. We thank the venerable Dr. Coxe for the good he has thus accomplished, in convincing some of the self-complaisant promulgators of modern discoveries in pathology, in hygiene, and other over-bibliographized departments of the schools, that they have generally been anticipated by the antiquated authors, of whose doctrines he is the accredited translator. May the book have the place it deserves, on the score of priority, in every choicely-selected library, and all who have joined in the enterprise of publishing it get a good per cent. on the sales.

Text-Book of Chemistry.—Prof. Draper, of the University of New York, must be an industrious man. His works on the science of chemistry are

strewn broadcast over the world. One of his latest productions is a popular treatise for schools and colleges, containing an outline of the annual course of University lectures on chemistry. A prominent object has been to enable the student to understand the text, to facilitate which, nearly three hundred illustrations on wood have been judiciously interspersed through the volume. It is a task of no ordinary character, to make a book on any one of the modern sciences, from which young persons can derive pleasure combined with instruction. In chemistry, there is a wide range for experiments, which are the truth-tellers—the testimonials on which the philosopher depends for sustaining propositions. Fortunately, most of those distinguished for their brilliancy, or wonder-working results, are within the reach of students in academical institutions. The variety and singularity of the developments in nature, ascertained through the discoveries in chemistry, justly give it a high place in public estimation. The arts in civilized life have been advanced, beyond all hope or expectation, within a very few years, comparatively, by the studies of the chemist. With such claims as a science, those who really aid us in mastering its principles, which are the grand laws that control the organic and inorganic world of matter, are public benefactors, and should be so regarded.

Dunglison's Human Physiology.—No terms of commendation are at our command, beyond those brought into service on many former occasions, expressive of our pleasure and confidence in this excellent system of physiology. Having reached the sixth edition, enlarged and improved also, according to the discoveries of the day, enriched, too, by rising of three hundred and sixty engravings, it cannot fail of being well received by men of intelligence. The author has a talent for concentrating this kind of knowledge, and packing into a small space the treasures of science. This new edition should be strongly recommended to medical students for a daily text-book. It is one of Messrs. Lea & Blanchard's fine specimens of typography, in two large octavos. Copies may be had in Boston at Ticknor & Co.'s.

History of Yellow Fever.—Dr. Dowler, of New Orleans, has again placed us under obligations, by sending a copy of his paper entitled "Researches, historical, topographical and critical, on Yellow Fever," which was first published in the New Orleans Medical and Surgical Journal. It appears to have been taken from a volume of unpublished matter, which we hope may yet be given to the world. There are but few such men in the present age—and they are truly medical philosophers. Dr. Dowler originates ideas; they are the last things he ever borrows, so far as our range of reading qualifies us for sitting in judgment on his productions.

Mechanical Surgery.—It was our intention to have directed the reader particularly to the merits of Dr. Jarvis's instrument for reducing luxations; but as Dr. Gardner has a communication this week upon the subject, it is only necessary to say further, that Mr. Hunt, the surgical cutler, corner of Washington and Water streets, has some elegant specimens of the adjuster, worthy the close inspection of surgeons. The instrument can be obtained at no other place in the city.

American Manakins.—An advertisement on the outside of the Journal, announces the removal of the Messrs. Hyatts from Rochester to New York city. They are exceedingly happy in their artificial imitations of nature. Should they receive that encouragement which the medical public could bestow, they would probably produce models of still rarer interest. Their skill will have more room for display in New York, because it is a focal point—and more people will there see what extraordinary things can be achieved by native artists. If they turn their attention particularly to anatomical modelling in papier maché, instead of plaster, it strikes us that they will have better patronage—provided the prices are a little less than the cost of those imported from France.

Leighton's Enema Chair.—A singular contrivance it must be—a chair with arms, easy and handsome, containing fixtures for a night cabinet, with an injecting apparatus, and yet an ornamental piece of furniture, suitable for a genteel apartment! If the agent in Boston imposes upon the good nature of individuals in other places, as some one has in this city, by sending them circulars through the post office, *unpaid*, to promote his own interest, we hope no one, thus addressed, will condescend to look into his hermaphrodite close-stool. The progress of luxury must have advanced prodigiously, to bring such an anomaly into use. From the unpaid letter in which its transcendent virtues are set forth, it is inferred that the patent enema chair was *made to sell*.

Valerianic Acid.—Very encouraging accounts are circulating of the benefit to be derived in neuralgia from this comparatively new article in the materia medica. It is scarcer than gold dust, and unless it can be found in Tremont row, with our friend Mr. Burnett, who is always on the look-out for the latest discoveries, in his way, in Europe, not a drop can be found in Boston.

Death Caused by Flogging.—We have frequently had occasion to refer to the reprehensible practice of flogging, as a punishment in prisons and armies. A case has lately occurred in England, which shows the cruelty of this mode of punishment. The following statement is from the Lancet.

"An inquest was held at Hounslow, in the parish of Heston, Middlesex, on the 15th, 20th and 27th of July, and the 3rd of August, on the body of Frederick John White, aged 27 years, a private in the 7th regiment of Hussars, who, in pursuance of a sentence of a District Court-martial, held at the Cavalry barracks, at Hounslow-heath, on account of a sudden assault committed by him on a sergeant of the same regiment, received 150 lashes with a cat-of-nine-tails, administered by two regimental farriers, on the 15th of June last. Whilst undergoing this punishment, he was bound by the arms and legs to a ladder nailed to the wall. He suppressed any expression of pain, but asked for water during his flogging, which was given him. On being untied, water was thrown on his shirt, which was replaced on him, and covered by his coat. He then walked to the hospital, of which he continued an inmate until his death on the 11th of July. Lieut.-Colonel Whyte, and the surgeon of the regiment, Dr. Warren, were both present at the flogging."

It appears that White recovered as well as could be expected, with the exception of several small but painful boils on his back from the 25th of June to the end of the month. On the 4th of July the entry at the hospital was, that his back was wholly well, and he would be fit for duty next day. On the 5th, however, he began to complain of a "singular pain" in his right side, which pain the next day was said to be in the region of the heart, and soon extended to his back and left shoulder. Blisters, bleeding and other remedies were used. On the 10th he had lost the use of his lower extremities, had paralysis of the bladder, and he died, insensible, on the 11th. A *post-mortem* examination was made on the 13th, by surgeons Hall, Warren, and Reid, who found inflammation of the heart, and reported this to be the cause of his death, "which was in nowise connected" they say, "with the corporeal punishment" of the 15th. *The back was not examined.* On application for burial, the vicar of Heston, after learning the facts, wished the authority of a coroner before giving permission. Mr. Wakley accordingly called an inquest on the 15th.^a On learning that the back of the deceased had not been examined, Mr. Day, Surgeon of Isleworth, was ordered to make another examination, and the inquest adjourned to the 20th; when the coroner learned, to his surprise, that Mr. Day had also omitted the back of the deceased, as he thought he had found the cause of death elsewhere. Mr. Wakley now sent for Mr. Erasmus Wilson, of London, to make a complete *post-mortem* examination, and the inquest was adjourned to the 27th, when Mr. Wilson's evidence was presented. The body was in too bad a state to examine the chest and abdomen, and he confined his attention wholly to the back and spine, the latter of which, interiorly, was found much decomposed and devoid of nervous substance. The muscles over the ribs and spine, next the bones, were disorganized, and converted into a soft pulp, occasioned, as he thought, by the excessive contraction during the agony of punishment. Mr. Wilson thought some relation subsisted between this disorganization and the disease found in the chest—and he therefore considered that death was caused by the flogging and its consequences on the system. The jury accordingly rendered a verdict that the deceased "died from the mortal effects of a severe and cruel flogging of 150 lashes which he received with certain whips on the 15th of June, 1846," &c.

Rupture of the Uterus.—On the 22d ult., we were invited to witness the *post-mortem* examination of a female who died during her accouchement. The woman was *forty-nine* years old, and her husband, a Frenchman, and one of Napoleon's soldiers, was *seventy-five*. It seems that she was taken in labor about twenty hours previous to her death, and her pains appeared natural and vigorous most of the time for some seventeen or eighteen hours, when they ceased, but the attending physician thought they would soon return; and as the head of the child had descended into the pelvis, he thought the labor would go on well. He left the house for a short time—but, on his returning, he found the patient lifeless. On opening the abdomen the next morning, in the presence of several medical gentlemen, the body of the child was found lying entirely without the uterus, partly on the right side, with the head wedged in the pelvis. The womb was ruptured anteriorly, near the cervix. The child was unusually large, measuring twenty-three and a half inches in length, and was sup-

posed to weigh about fifteen pounds, although we did not weigh it, not having conveniences for that purpose ready at hand.—*New York Medical and Surgical Reporter.*

Transylvania Medical School.—The vacancies in this school, occasioned by the death of Prof. Richardson, and the resignation of Prof. Watson, having been filled by the election of Professors Annan and Bartlett, the Faculty is now fully organized and prepared to enter upon the duties of the approaching session. Prof. Annan has already located in Lexington, and Prof. Bartlett having returned to the United States from his late European tour, will be at his post of duty by the first of October.

It is confidently believed that at no period since the organization of this school, has it been in a condition better able to meet the just expectations of the public, than at the present time. Indeed, such are the arrangements of the different chairs, and the several collateral branches, that the course of instruction will be more full and complete, than at any former period. In addition to the regular lectures in the several departments, the following collateral branches of study will be taught, several of which have not been heretofore introduced; these are, the Physical signs of disease, illustrations of Minute Anatomy with the Microscope, a complete course of Operative Surgery, and also a course on Minor Surgery, Clinical instructions at the hospital, &c. Students are assured that a full supply of subjects for dissection may be relied on.

Efforts from time to time have been made to detract from the well-earned reputation of this school; but instead of entering into an acrimonious controversy, and attempting to refute every idle rumor that may be circulated, the Faculty deem it more consistent with their duty to themselves and the profession, to devote their energies to the improvement of the departments committed to their care, and to the faithful instructions of those pupils who may attend the lectures.—*Western Lancet.*

Chronic Hydrocephalus without Symptoms during Life.—Dr. Banks exhibited to the Dublin Pathological Society specimens illustrating the case. It is one of the many instances which tend to show how obscure and difficult is everything connected with the investigation of disease:—

"There was no symptom of cerebral disease, no convulsion, no impairment of intellect, during two years that the patient had been under Dr. Banks's observation. The subject of the case (a male, aged 30) did, however, state that he had been treated for water in the brain during infancy. About three months before his death, he exhibited signs of phthisis, and a cavity was detected in the upper lobe of the right lung. The disease went on rapidly to its fatal termination, but there was no delirium even in its latest stage. On opening the skull, the arachnoid was found slightly opaque; within the brain itself was an immense mass of serous fluid, measuring at least a quart, distending the lateral ventricles; the substance of the brain enclosing this was exceedingly thin, but the bones of the cranium were of the normal thickness. Here, then, was an enormous extent of disease within the brain, yet unaccompanied by any obvious injury to the intellectual powers. This man's memory was quite good, he appeared in possession of all his faculties, and had neither epilepsy nor spasms of any kind."—*Dublin Journal.*

Artificial Anus—Perineal Operation.—Surgeons of eminence, amongst them Blandin, have been of opinion that incontinence of feces must be the inevitable result of an artificial anus established in the perinæum or coccygeal region, not in connection with the sphincter ani. The inaccuracy of this opinion is proved by the case of a patient operated on some years ago by Amussat, of Paris. This patient has been under the observation of Sir P. Crampton up to the present period, and he states that no such infirmity exists.—*Ibid.*

Midwifery Statistics.—A reviewer in the March No. of the Archives Generales gives the following general results of Midwifery Statistical Tables, recently published in the Italian and English Journals. In 47,116 labors, twins occurred 446 times (9 4-10 per thousand), and triplets 4 times (1 in 10,000). There were 40,233 head presentations (999 per 1000), of which 40,046 were vertex, and 187 face. There were 1065 breech or footling presentations (27 per 1000), and 154 transverse ones (4 per 1000). Of these labors, 46,632 terminated naturally (989 per 1000), and 484 (11 per 1000) artificially; viz., 221 by means of the forceps, 89 by craniotomy, 54 by turning, and 20 by vaginal or uterine hysterotomy.—*Medico-Chirurgical Review.*

American Medical Almanac.—Messrs. Lindsay and Blakiston, Philadelphia, will publish on the first of October next, the American Medical Almanac, which will contain information in relation to the various medical institutions in the United States.

Medical Miscellany.—A negro died lately at the poor house, Washington Co., Penn., who was at Braddock's defeat. He was 113 years of age.—The cholera is making sad ravages on the borders of the Red Sea. At Medina, the deaths averaged, when last heard from, 300 a-day. Cases had also appeared at Suez.—Several cases of hydrophobia have recently occurred at the South.—By a naval order, Surgeons of the fleet, in the United States Navy, and Surgeons of more than twelve years' standing, will hereafter rank with Commanders; Surgeons of less than twelve, with Lieutenants; passed Assistant Surgeons next after Lieutenants; and Assistant Surgeons not passed, next after Masters.—The deaths in London during the week ending August 8th, amounted to 1135, 237 above the weekly average for the last five summers. Of these, 136 were from pulmonary consumption.

MARRIED.—In Philadelphia, John Gegan, M.D., to Miss E. A. Bowles.

DIED.—At New Haven, Conn., S. B. Fuller, M.D., 34.—At Petersburg, Virg., Dr. Thomas Robinson, 74, having practised medicine in that place nearly 43 years.

Report of Deaths in Boston—for the week ending Sept. 26th, 77.—Males, 38, females, 39. Stillborn, 4. Of consumption, 10—disease of the bowels, 14—diarrhea, 2—dysentery, 1—cholera infantum, 3—disease of the liver, 1—infantile, 3—inflammation of the lungs, 3—inflammation of the brain, 2—typhus fever, 5—measles, 2—marasmus, 3—tumor, 1—inflammation of the bowels, 3—rupture, 2—dropsy on the brain, 3—old age, 5—quincy, 1—teething, 3—lung fever, 2—cancer, 2—child-bed, 2—scarlet fever, 1—cancer, 1—hooping cough, 1—accidental, 1—unknown, 1.

Under 5 years, 37—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 5—over 60 years, 10.

Foreign Body accidentally lodged in Larynx.—Mr. Maurice Collis produced the recent parts concerned in a case which exemplified strongly the difficulty of dislodging a foreign body from the larynx. A boy, æt. 6, the child of a dressmaker, accidentally swallowed (as was supposed) the hook of a lady's dress, on the 16th of January. On the next day Mr. Collis saw him at the Meath Hospital, when he presented the symptoms of a foreign body in the larynx, sufficiently urgent to justify the operation of laryngotomy, which was performed at 3, P. M., on that day; the thyro-cricoid membrane was divided at first by a small opening, which was then enlarged in the vertical direction both upward and downward, but still the foreign body could not be found; the cartilages were now divided in both directions, and attempts made to detect the foreign body. Sir Philip Crampton and some others who assisted, thought that they felt it; Mr. Collis could not. Efforts were made with a probe and with a forceps, but still without success. A gum elastic catheter was then passed through the wound upwards into the mouth, but still without dislodging or finding the foreign body. By this time the boy had become very weak and exhausted, having been an hour on the operating table, and it was determined to postpone for a few days any further attempts. After this bronchitis supervened, which was appropriately treated. On the 23d some efforts were again made to dislodge the foreign body, but unsuccessfully, as the slightest contact with the wound caused an intolerable degree of irritation. The medical treatment for the bronchitis was continued, and directions given to keep the wound free from mucus. On the evening of the 23d his respiration was tranquil, but there was mucus collecting about the wound, which was from time to time cleared away by the resident pupil, who saw him for the last time at 11 o'clock at night, and, observing that his breathing continued quick, consigned him to the care of his mother, as the best nurse that could attend him through the night. It appeared from the account given by his mother, that after this his respiration became more labored, the wound became more clogged with mucus, and he expired during the night. On slitting up the larynx from behind, the foreign body (the hook of a hook and eye) was found in the left ventricle of the larynx, where it was held spasmodically by the arytenoid muscles, close to the extremity of the wound. The patient had always referred his distress to this very spot. There were the usual symptoms of inflammation within the larynx, vascularity of the lining membrane, &c. The friends would not allow the lungs to be examined.—*Dublin Journal.*

ALBANY MEDICAL COLLEGE.

The next Course of Lectures will commence on the first Tuesday in October, 1846, and will continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of the Principles and Practice of Surgery.
 JAMES McNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.
 T. ROWEYN BECK, M.D. Prof. of Materia Medica.
 EBENEZER EMMONS, M.D., Prof. of Obstetrics and Natural History.
 LEWIS C. BECK, M.D., Prof. of Chemistry and Pharmacy.
 JAMES H. ARNOLD, M.D., Prof. of Anatomy.
 THOMAS HUN, M.D., Prof. of the Institutes of Medicine.
 AMOS DEAN, Esq., Prof. of Medical Jurisprudence.

The fees for a full Course of Lectures are \$70; but the students are not required to take out all the tickets during one session. The Matriculation fee is \$5, and entitles the student to the use of the Library. Graduation fee, \$20.

Board and lodging may be procured in the city for from \$2 to \$3 a week.

Any further information may be had by addressing a letter, post paid, to the Registrar.

July 29.—septOct 1

THOMAS HUN, Registrar.